



SPOKANE COUNTY SHERIFF'S OFFICE  
TRAINING ANNOUNCEMENT



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## Select-Fire Instructor

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**DATE:** June 25-26, 2013

**LOCATION:** Classroom: Spokane County Fire District 10  
929 S. Garfield  
Airway Heights, WA 99001

**Range:** Medical Lake Pit (10 minutes away)  
- Directions will be provided on Day 1

**COST:** \$250

**DESCRIPTION:**

This class is designed to certify law enforcement instructors in the use of and instructing of select-fire (sub-machine gun) weapons. The class will examine closed bolt vs. open bolt SMG's, SMG's vs. assault rifles, caliber considerations, firing drills, standards, liability, and documentation of classes taught.

This class is open to currently certified (WSCJTC, NRA, Idaho POST, etc.) patrol rifle instructors. Current instructors completing this class will be certified as an instructor in this topic. Proof of current certification is due at registration (attach a copy with your registration).

This class is taught by Jeff Hall. Hall is a WSCJTC master firearms instructor and NRA staff adjunct instructor. Graduation standards are high! Students will be required to fire 100% accuracy on a qualification course, score 100% on a written examination, and perform weapon manipulations in compressed time frames (types 1, 2, and 3 malfunction clearances, speed and tac loads - practice NOW!).

The class will be physically and mentally demanding. Only officers prepared for long days, few breaks, and hard work should attend. Officers will be required to perform all physical tasks required.

**Required Equipment:**

A select-fire weapon in any pistol caliber or .223 Rem.; gas mask; a minimum of 1,000 rounds ammunition, plus 100 rounds of handgun ammunition; duty belt and holster; body armor; eye and ear protection, billed cap, suitable range clothing; optional knee pads; plenty of water.

## REGISTRATION:

To register, complete the attached registration form and send it, along with a copy of your patrol rifle instructor certification, to Deputy John Oliphant by fax (509) 477-6975 or email, [jroliphant@spokanesherriff.org](mailto:jroliphant@spokanesherriff.org).

Payment must be made prior to class. Please make checks and purchase orders payable to Force Options, LLC. Mail payment to:

Spokane County Sheriff's Office  
ATTN: Deputy John Oliphant  
1100 W. Mallon  
Spokane, WA 99260

For payment options other than check or purchase order, please contact Jeff Hall directly at [jeff@forceoptions.net](mailto:jeff@forceoptions.net).

Questions regarding the registration process, site locations, and/or training events can be directed to Deputy John Oliphant at the email above.





Revised 11/12

# Spokane County Sheriff's Office – Training Unit

## GENERAL COURSE APPLICATION

### 1. GENERAL INFORMATION

Applicant's Name:			(Last)	(First)	(Middle)
Title/Rank:	Applicant's Personnel Number:		<input type="checkbox"/> Male <input type="checkbox"/> Female		
Primary Duty Assignment:			Agency:		
Agency Phone:	Agency Fax:	Applicant's Agency E-Mail Address:			
		@			
Agency Mailing Address:		(Street or PO Box)	(City)	(Zip)	

**IF THIS APPLICANT REQUIRES SPECIAL CLASSROOM ACCOMODATION, PLEASE MAKE REQUEST ON A SEPARATE SHEET AND ATTACH TO THIS APPLICATION.**

### 2. COURSE INFORMATION

Course Title:	Location of Course:
Course Dates:	

### 3. **MANDATORY-MUST BE COMPLETED TO BE CONSIDERED FOR SELECTION**

In determining **eligibility** of this **applicant**, the Spokane County Sheriff's Office will consider any special need or purpose which the applicant or his/her agency may have regarding the requested course or training. Comments:

\_\_\_\_\_  
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### 4. **TRAINING COORDINATOR EMAIL ADDRESS (MANDATORY!)**

@

**Confirmation is sent via email,  
please make sure this section is  
complete.**

### 5. AUTHORIZATION

Agency Representative Authorizing  
Attendance:

Name

Title

Signature

Date



Return completed application form to: Deputy John Oliphant by email, [jroliphant@spokanesherriff.org](mailto:jroliphant@spokanesherriff.org) or fax (509) 477-6975. For more information regarding the application process, please call (509) 477-3211.

#### SCSO USE ONLY

Confirmation Notice Sent? ☐ Date: \_\_\_\_\_Cancellation Notice Sent? ☐ Date: \_\_\_\_\_Paid? ☐ Check #: \_\_\_\_\_ Date Received: \_\_\_\_\_Did the Student Withdraw? Yes ☐ Date: \_\_\_\_\_Check Returned? Yes ☐ No ☐ N/A ☐ Date: \_\_\_\_\_

Comments: